



In re Application of:

TADASHI OKAMOTO, et al.

Application No.: 10/634,510

Filed: August 4, 2003

For: TERMINAL LABELED PROBE ARRAY
AND METHOD OF MAKING IT

Docket No. 03500.015961.1

Examiner: Betty J. Forman

Group Art Unit: 1634

Date: March 20, 2007

Mail Stop RCE
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment and Statement of Substance of Interview in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 4	MINUS	** 20	= 0	x \$25 \$50	\$0
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$100 \$200	\$0
Fee for Multiple Dependent claims \$180°/\$360						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$570.00 to cover the fee for a one additional month extension is enclosed.
- ☒ A check in the amount of \$790.00 to cover the Request for Continued Examination (RCE) fee is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Damond E. Vadnais
Attorney for Applicants
Registration No.: 52,310

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Form #120

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